

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90028 005 ****50.00

DOCUMENT # L06000043200

1. Entity Name

DPB INVESTMENTS II, L.L.C.



Principal Place of Business

31103 JACANA DRIVE
WESLEY CHAPEL FL 33544
US

Mailing Address

POST OFFICE BOX 7168
WESLEY CHAPEL FL 33544
US



2. Principal Place of Business - No P.O. Box #

5534 E. GIDDENS

Suite, Apt. #, etc.

3. Mailing Address

5534 E. GIDDENS

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Tampa

City & State

Tampa

4. FEI Number

Applied For

☒ Not Applicable

Zip

33610

Country

USA

Zip

33610

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FARAGE, NANCY G
707 N. FRANKLIN STREET
4TH FLOOR
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM
PRZYBYLSKI, GAIL
STREET ADDRESS 31103 JACANA DRIVE
CITY-STATE-ZIP WESLEY CHAPEL FL 33544

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5534 E GIDDENS AVE
CITY-STATE-ZIP TAMPA FL 33610

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-07